

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035708

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280

Primary Registration District No. _____

Registrar's No. 67

STATE FILE NUMBER

FILED SEP 24 1962

VS 300
Rev. 4/59

1 0830

2 0830

3

4 0

5 2

6

7 0

8 2

9 420.1

10

11

12 90-3

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH

a. COUNTY Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Preston

Length of stay in 1b
3 min.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1 1/4 Mi. South of Edgerton
on Hwy B

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Platte

c. CITY
OR TOWN Edgerton

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
1 1/2 Mi. South - 1/2 Mi. West of Edgerton

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First James

Middle Edmond

Last Blomley

4. DATE OF DEATH

Month Sept.

Day 10

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Aug 14, 1891

9. AGE (last birthday)

71

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Clinton County Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William L. Blomley

13b. MOTHER'S MAIDEN NAME

Sarah R. Thacker

14. NAME OF HUSBAND OR WIFE

Lela Blankenship (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

P.W. Blomley

18. ADDRESS

Osborn, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY OCCLUSION

INTERVAL BETWEEN ONSET AND DEATH

INST.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

PRESTON TWP. PLATTE Mo.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at APPROX. 10:45 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Roland M. Gifford (Degree or title)

22b. ADDRESS

Platte City, Mo.

22c. DATE SIGNED

9-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-12-62

23c. NAME OF CEMETERY OR CREMATORY

Ridgely Cemetery

23d. LOCATION (City, town, or county)

Platte County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Clarence E. Hixson Gower Mo.

25. DATE RECD. BY LOCAL REG.

9.12.1962

26. REGISTRAR'S SIGNATURE

Gphia Ballins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence E. Hinson

Licensed Embalmer No. 5122

P. O. Address Lower, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.